

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550848

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
5	/					
6	/					
7	/					
8		2				
9	/					
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15	/					
16	/					
17		7				
18		7				
19	0					
20	0					
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22	0					
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24	0					
25	0					
26	0					
27	0					
28	0					
29	-					
30	0					
31	-					
32	0					
33	0					
34	1					
35	0					
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	44					
TOTAL CLAIMS	48					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						